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TRANSCATHETER AORTIC VALVE REPLACEMENT IN USA IN 2012: ANALYSIS OF NIS DATA

Poster Contributions

Poster Hall B1

Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Structural

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Background: Transcatheter aortic valve replacement (TAVR) in the newer modality recently approved by FDA for patients with severe aortic stenosis deemed inoperable or high risk for open heart surgery. This study was done to review the TAVR procedures done in USA for year 2012.

Methods: We used Nationwide Inpatient Sample (NIS) data to extract data for patients who were hospitalized with primary diagnosis of Endovascular replacement of Aortic valve as specified by International Classification of Disease code 35.05. NIS data is 20% representative of all hospital data in USA. Data was extracted for the year 2012 and various parameters associated with TAVR analyzed.

Results: A total of 5755 hospitalizations associated with primary diagnosis of TAVR procedure were analyzed for year 2012. Mean Length of stay was 8.1 for these hospitalizations and in-hospital mortality of 4.69%. Most of patients were elderly with 45% patients >85 years of age. Patients with age >85 had in-hospital mortality of 6.56% compared to patients with age of 65-84 years with in-hospital mortality of 3.43%. Males (52.82% cases) had higher in-hospital mortality compared to females (5.26% vs 4.05%) but shorter mean length of stay (7.9 days vs 8.3 days). Most procedures were done in South part of country (39.1%) followed by Northeast (25.72%), Midwest (24.07%) and least in West part of country (11.12%).

Conclusion: This study attempted to characterize the TAVR procedures in USA. Elderly age and male gender are associated with significant higher mortality. There are high geographical variations in number of procedures done in USA.